

MARYLAND DEPARTMENT OF THE ENVIRONMENT

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Air and Radiation Management Administration • Air Quality Permits Program

Application for Permit to Operate Incinerators

1. Premise Identification:

Premise Name or Identification _____

Premise Number _____

Premise Address _____

City _____

State _____

Zip _____

County _____

2. Equipment Identification

Unit	Type Equipment (By-product waste, municipal, etc.)	lbs/hr (design)	Registration #
1			
2			

3. Amount and Description of Waste Being Incinerated

Unit	Amount (tons/yr)	Description of Waste
1		
2		

4. Description of Air Pollution Control Device

Unit	Type of Control Device	Grain Loading (at 12% CO ₂)
1		
2		

Signature _____

Title _____

Date _____

